# **Department of Health and Human Services Performance Plan**

Uma Ahluwalia, Director October 14, 2008



### **CountyStat Principles**

- Require Data Driven Performance
- Promote Strategic Governance
- Increase Government Transparency
- Foster a Culture of Accountability



### **Agenda**

- Welcome and Introductions
- HHS At-A-Glance
- Hiring Freeze
- Headline Measures
- Wrap-up

### **HHS's Contribution to Montgomery Results**

- A Responsive and Accountable County Government
- Affordable Housing in an Inclusive Community
- An Effective and Efficient Transportation Network
- Children Prepared to Live and Learn
- Healthy and Sustainable Communities
- Safe Streets and Secure Neighborhoods
- A Strong and Vibrant Economy
- Vital Living for all of Our Residents



### **Agenda**

- Welcome and Introductions
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- Wrap-up

### HHS At-A-Glance (1 of 2)

What HHS Does and for Whom	How Much					
Overall The state of the December of the Decem	FY08 Budget: \$262.7 million					
The mission of the Department of Health and Human Services is to assure delivery of a full array of services to address the somatic and behavioral health, economic and housing security and other emergency needs to Montgomery County residents.	Number of Employees: 1,758 [Work Years = 1,604.5]					
Aging and Disability Services (A&DS)	■ \$38.4 million					
The mission of A&DS is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities which promote choice, independence, and inclusion.	■ 187.6 work years (WYs)					
Behavioral Health and Crisis Services (BH&CS)	■ \$40.8 million					
The mission of BH&CS is to foster the development of a comprehensive system of services to assist children, youth, adults, and families in crisis or behavioral health needs.	■ 238.9 work years (WYs)					
Children, Youth and Family Services (CY&FS)	■ \$65.5 million					
The mission of CY&FS is to promote opportunities for children to grow up healthy, and ready for school, and for families to be self-sufficient.	■ 456.3 work years (WYs)					



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### HHS At-A-Glance (2 of 2)

What HHS Does and for Whom	How Much
Public Health Services (PHS) The mission of PHS is to protect and promote the health and safety of County residents.	■ \$73.0 million ■ 535.2 work years (WYs)
Special Needs Housing (SNH)  The mission of SNH is to provide oversight and leadership to the County's efforts to develop new and innovative housing models to serve special needs and homeless populations and maintain housing stability for vulnerable households.	■ \$17.9 million ■ 54.7 work years (WYs)
Administration and Support (A&S)  The mission of A&S is to provide overall leadership, administration and direction to the Department, while providing an efficient system of support services to assure effective management and delivery of services.	■ \$27.2 million ■ 131.8 work years (WYs)

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#### **Hiring Freeze**

As of 10/6/08, 54 positions are frozen:

- Clerical (15 positions): Administrative Aide (9), Office Services Coordinator (6)
- **Direct Service (30 positions):** Income Assistance Program Specialist (13), Program Specialist (4), Social Worker (3), Therapist (3), Community Services Aide (2), Community Health Nurse (2), Environmental Health Specialist (1), Client Assistant Specialist (1), Public Health Advisor (1)
- First Line Supervisor (1 position): Social Worker
- Administrative/Managerial (8 positions): Administrative Specialist (5),
   Manager (2), Program Manager (1)

All Service Areas and the Offices of the Director, Chief Operating Officer, and Community Affairs have at least one, and as many as 14, frozen positions.

Direct service positions in Child Welfare, Adult Protective Services, School Health, and the Crisis Center, and positions which are 100% grant funded, are currently exempted from the hiring freeze.



#### **Hiring Freeze**

#### **Impact:** January – June 2008

- Reduced Work Capacity & Delayed Receipt of Services. Examples:
  - Fewer inspections of swimming pools and food service establishments
     (Impact: able to do only ~75% annually, in part due to freeze)
  - Delayed processing of applications for:
    - Income Supports at a time of double-digit increases in need
       (Impact: Compliance as much as two percentage points below required level)
    - Home Energy financial assistance (Impact. Applicants waited at least 3 months)
  - Increase in Case Manager caseloads led to more time on the road (Impact:: paperwork backlogs and delays in customer service)
  - More residents turned away from STD/HIV Prevention Services (Impact: averaged 333 turn-aways monthly, in part due to freeze)

The impacts were felt where the positions were frozen. DHHS sought and received exemptions to the freeze in some areas of critical need. Factors such as funding streams and occupational classifications limited our ability to shift human resources to compensate for staffing deficits.



#### **Organization Structure Special Assistant** -Labor management relations Office of the Director -Special Initiatives -Intergovernmental Affairs Planning, Chief Social Community **Operating Services Accountability & Affairs** Officer **Policy Officer Customer Service Behavioral Health & Aging & Disability** Children, Youth & **Public Health Special Needs Services Crisis Services Family Services Services** Housing Boards & Boards & Interagency Housing **Boards & Commissions** Boards & Commissions Commissions Workgroup Commissions **Linkages to Learning Community Health Svcs** Mental Health Svcs Housing Stabilization/ Information & **Emerg. Svcs Child Welfare** Communicable Disease/ Assessment **Bio-terrorism** Services **Core Svc Agency Child & Adolescent** Rental & Home Cancer & Tobacco Services energy assistance Initiatives Substance **Home & Community** Abuse/Addiction **Support Services** Licensure & Regulatory Homeless Svcs Juvenile Justice **Continuum of Care School Health** Assisted Living & **Crisis Stabilization Early Childhood Skilled Nursing Montgomery Cares Facilities** Svcs **Long Term Care Partner Abuse** Medical Assistance & **Income Supports &** Outreach Victim Abuse **Child Care Subsidies Health Promotion Special Projects MCPS Liaison Health Partnerships & Planning CountyStat**

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**HHS Performance Plan** 

### **Agenda**

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#### **Headline Measures**

#### **Outcome Measures**

- 1. Percentage of the uninsured that are either enrolled in a medical entitlement program or have an HHS primary care or prenatal visit
- 2. Percentage of clients with active infectious tuberculosis who received Directly Observed Therapy and successfully complete the treatment regimen
- 3. New cases of Chlamydia per 100,000 population among County residents by age
- 4. Percentage of households remaining housed at least 12 months after placement in permanent supportive housing
- 5. Percentage of households that received emergency financial assistance that sought additional assistance for housing stabillization within 12 months (*Under Construction*)
- 6. Percentage of youthful offenders under 18 who are diverted through HHS into substance abuse and/or mental health treatment programs who do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements
- 7. Average 12 months Earnings Gain and Job Retention rates for current and former Temporary Cash Assistance recipients who are placed in jobs
- 8. Percentage of Head Start, licensed child care centers, and family-based child care students that demonstrate full readiness upon entering kindergarten
- Percentage of HHS client cases that demonstrate beneficial impact from received services



#### **Headline Measures**

#### **Service Quality Measures**

- 10. Percentage of customers that contact HHS Information and Referral programs who report satisfaction with information and referral assistance they were provided
- 11. Percentage of customers identified as needing language assistance that receive linguistically appropriate services (*Under Construction*)
- 12. Percentage of client cases needing assistance within three or more Service Areas for which effective teamwork is documented

#### **Business Process Measures**

- 13. Percentage of new RFPs that include performance measures related to beneficial impact and customer satisfaction
- 14. Percentage of HHS Request for Proposals (RFPs) that are sent to Procurement by established deadlines

### **Comparison of Headline Measures to HHS Functions**

#### Measure #

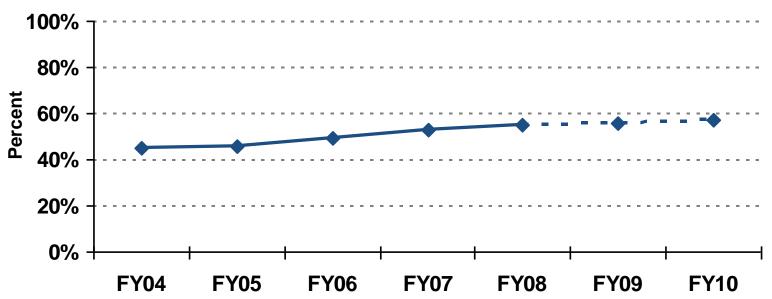
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Aging and Disability Services									X	X	Х	Х		
Behavioral Health and Crisis Services									X	X	X	Х		
Children, Youth and Family Services						X	Х	X	X	X	X	X		
Public Health Services	X	X	X						X	X	X	X		
Special Needs Housing				X	X				X	X	X	X		
Administration & Support													X	X

HHS chose headline measures that demonstrated both the performance of its Service Areas and its contribution to Montgomery Results.



## Headline Measure 1: Providing the uninsured with health care coverage and a regular source of care

Percentage of the uninsured that are either enrolled in a medical entitlement program or have an HHS primary care or prenatal care visit



This measures the outcome of 4 HHS programs: Montgomery Cares, Maternity Partnerships, Care for Kids, and Medical Assistance enrollment.

HHS's goal is to serve 40,000 uninsured adults through Montgomery Cares. The Department projects serving 26,000 uninsured adults, pregnant women, and children during FY09, and enrolling 69,000 uninsured residents into Medical Assistance programs.



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## Headline Measure 1: Providing the uninsured with health care coverage and a regular source of care

Percentage of the uninsured that are either enrolled in a medical entitlement program or have an HHS primary care or prenatal care visit

#### What constitutes good performance for this measure?

 Percentage of the uninsured that are enrolled or provided access to care should increase over time

#### **Contributing Factors**

- Multiple entry points within HHS provide opportunities to enroll uninsured residents
- County leadership supports the expansion of Montgomery Cares

#### **Restricting Factors**

- State and federal eligibility criteria for entitlement programs restricts the ability of some residents to enroll
- The number of uninsured exceeds current departmental capacity to serve

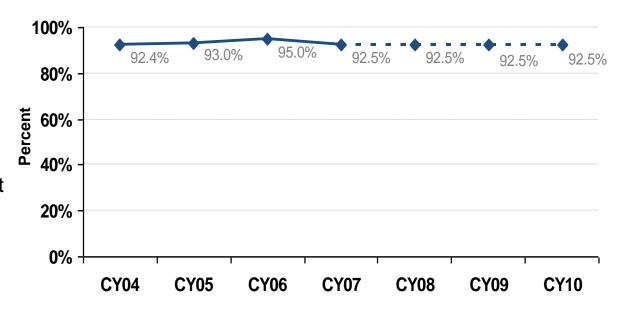


#### **Headline Measure 2: Communicable Diseases Control**

Percentage of clients with active infectious tuberculosis who received Directly Observed Therapy and successfully complete the treatment regimen

#### **Objective**

 Tuberculosis control is representative of HHS services in place to limit the spread of communicable diseases and to protect the public through access to early intervention and treatment



HHS does not view the 2.5 percent decrease from CY06 to CY07 as significant. The number of client cases is expected to rise in future years so staff will need to exercise greater efforts to maintain the current performance level.





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#### **Headline Measure 2: Communicable Disease Control**

Percentage of clients with active infectious tuberculosis who received Directly Observed Therapy and successfully complete the treatment regimen

#### What constitutes good performance for this measure?

 Percentage of clients who successfully complete the treatment regimen should increase over time

#### **Contributing Factors**

- Intensive medical and nurse case management is provided
- Extensive screening program is offered

#### **Restricting Factors**

- Customers identified in advanced stages of the disease are less likely to have a successful outcome
- Some clients have schedules that are not amenable to Directly Observed Therapy (DOT)

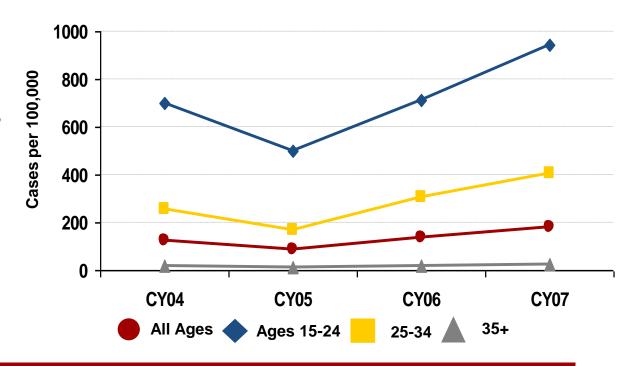


#### **Headline Measure 3: Communicable Diseases Control**

New cases of Chlamydia per 100,000 population among County residents by age

#### **Objective**

 Chlamydia cases are representative of HHS services in this area which protect the public from communicable diseases through prevention access for at risk individuals



This measures the outcome of Disease Control services, which include education, screening, treatment, and partner notification. County's overall case rate was less than half of the Maryland or U.S. rates in CY06.





#### **Headline Measure 3: Communicable Diseases Control**

New cases of Chlamydia per 100,000 population among County residents by age

#### What constitutes good performance for this measure?

- Short term: New Chlamydia case numbers should rise as a result of identifying the undiagnosed population through increased community education, screening, and partner notification
- Long term: New Chlamydia case numbers should fall as a results of decreased exposure due to community education, screening, and partner notification

#### **Contributing Factors**

Aggressive strategies are in place for contact tracing and partner notification

#### **Restricting Factors**

 Lack of capacity causes one-third of callers to be asked to call back at a later date



### **Headline Measure 4: Housing Services**

Percentage of households remaining housed at least 12 months after placement in permanent supportive housing

#### **Objective**

To provide stable permanent supportive housing to families and single adults who were formerly homeless or have special needs

#### Strategy to implement measure

- Established baseline in the first full year of implementation (FY08)
- Track the number of months benefits were issued to each client
- Acquire SHRAP\* data from in-house tracking system
- Acquire PPH2\*\* data from mandatory contractor monthly occupancy reports
- Report results on an annual basis

Ninety-four percent of households placed in permanent housing at least 12 months prior to July 1, 2008 remained housed at least 12 months after placement.

\*Supportive Housing Rental Assistance Program







### **Headline Measure 4: Housing Services**

Percentage of households remaining housed at least 12 months after placement in permanent supportive housing

#### What constitutes good performance for this measure?

Percentage of households remaining housed should increase over time

#### **Contributing Factors**

- Specialized case management maintains housing stability for vulnerable households
- Collaboration with public and community partners to develop a Housing First plan, which provides housing and supportive services

#### **Restricting Factors**

- Increasing cost of living (basic needs)
- Social determinants that impact housing stability



## **Headline Measure 5: Housing Services** *(Under Construction)*

Percentage of households that received an emergency financial assistance that sought additional assistance for housing stabilization within 12 months

#### **Objective**

 To prevent homelessness and the loss of permanent housing for households in crisis through the provision of grants for eviction prevention, electricity or heating

#### **Strategy to implement measure**

- Establish baseline in FY08
- Track monthly emergency eviction prevention and utility benefits issued from State EAFC or County funds by client
- Check clients requesting assistance against client benefit data from the previous 12 months to determine if assistance was received within the last year
- Report results on an annual basis

Nearly 5,500 emergency eviction prevention and/or utility benefit grants were issued from State or County funds in FY08.





## **Headline Measure 5: Housing Services** *(Under Construction)*

Percentage of households that received an emergency financial assistance that sought additional assistance for housing stabilization within 12 months

#### What constitutes good performance for this measure?

Percentage of households seeking additional assistance should decrease over time

#### **Contributing Factors**

Support for multiple housing stabilization services

#### **Restricting Factors**

- Increase in the number of people needing assistance
- Shortage of affordable rental units in County
- Increase in rent and utility costs

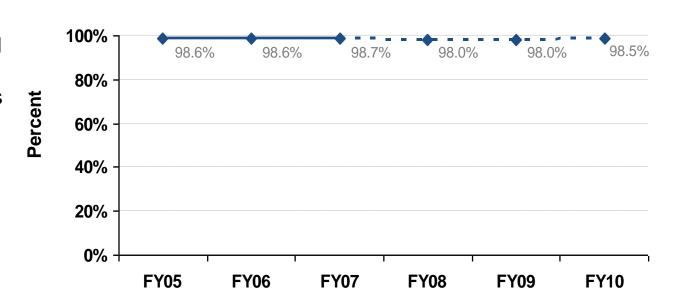


## Headline Measure 6: Juvenile Justice Assessments, Screenings and Referrals

Percentage of youthful offenders under 18 who are diverted into HHS substance abuse programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements

#### **Objective**

By identifying and intervening with youthful offenders under 18 who exhibit mental health and/or substance abuse problems, recidivism rates can be reduced



In FY07, 741 youth were diverted and only 10 were re-arrested. HHS projects a small increase in recidivism in FY08.





## Headline Measure 6: Juvenile Justice Assessments, Screenings and Referrals

Percentage of youthful offenders under 18 who are diverted through HHS into substance abuse and/or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements

#### What constitutes good performance for this measure?

 Percentage of offenders who do not recidivate should remain low over time

#### **Contributing Factors**

- New FY09 grant will result in an additional diversion case manager
- Continued availability of community-based substance abuse and mental health treatment programs for youth

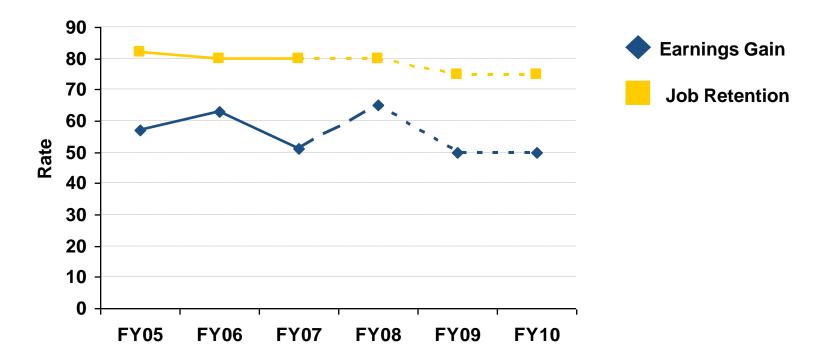
#### **Restricting Factors**

 Interventions cannot always address the family and environmental factors that contribute to criminal behavior



#### **Headline Measure 7: Employment Services**

Average 12-month Earnings Gain and Job Retention rates for current and former Temporary Cash Assistance (TCA) recipients placed in jobs



The projected decline in the earnings gain and job retention rates after FY08 is due to fluctuations in wages and hours that may accompany the recent economic downturn.





### **Headline Measure 7: Employment Services**

Average 12-month Earnings Gain and Job Retention rates for current and former Temporary Cash Assistance (TCA) recipients who are placed in jobs

#### What constitutes good performance for this measure?

County average earnings gain rate and job retention rate have consistently exceeded State targets

#### **Contributing Factors**

- Employment services include intensive case management, follow-up, and job development services
- Employment services contract includes performance incentives for vendor

#### **Restricting Factors**

- Lessened funding available for tracking client outcomes
- The Earnings Gain and Job Retention rates for TCA recipients may decrease over time due to weaknesses in the economy. This results in lower wages and fewer hours worked by TCA recipients, as well as potential layoffs.



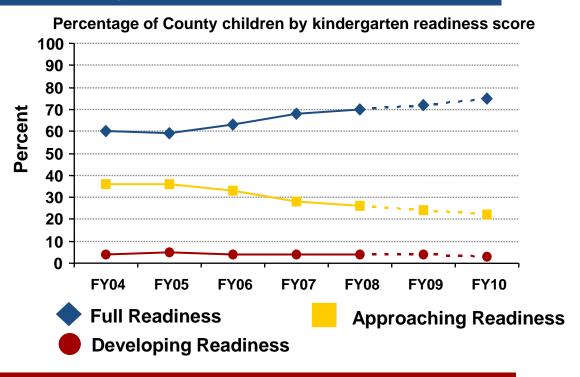


## **Headline Measure 8: Early Childhood Services** and **Programs**

Percentage of Head Start, licensed child care centers, and family based child care students that demonstrate full readiness upon entering kindergarten

#### **Objective**

 Ensure that HHS services to infants and toddlers as well as parents and child care providers maximize the full potential of each child



Between FY07 and FY08, the state average for all children increased from 67 to 68 percent, while the Montgomery County average increased from 68 to 70 percent in the same period.

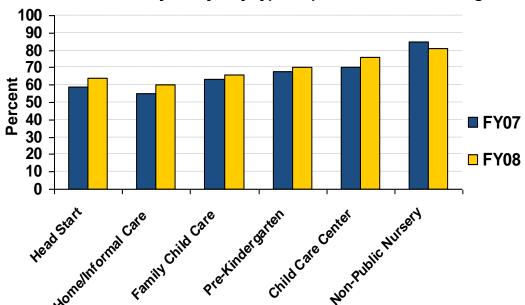




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## **Headline Measure 8: Early Childhood Services** and Programs

Percent of students entering Kindergarten who were assessed "fully ready," by type of prior child care setting



### What constitutes good performance for this measure?

 Percentage of entering kindergartners deemed "fully ready" should increase over time

#### **Contributing Factors**

- Strong partnerships support high quality coordinated delivery of early care and education experiences
- Effective training for Head Start teachers, family child care workers, and child care center workers

#### **Restricting Factors**

- Head Start children face multiple disadvantages and, in many cases, cultural and language barriers
- Lack of sufficient funding for outreach and public engagement

HHS impacts Head Start, Family Child Care and Child Care Centers through its activities and provider training programs.



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#### **Headline Measure 9: Direct HHS Services**

Percent of HHS client cases that demonstrate beneficial impact from received services

#### "Beneficial Impact" is defined as

Risk mitigation (RI), Greater independence (GI), or Improved Health (IH)

#### **Objective**

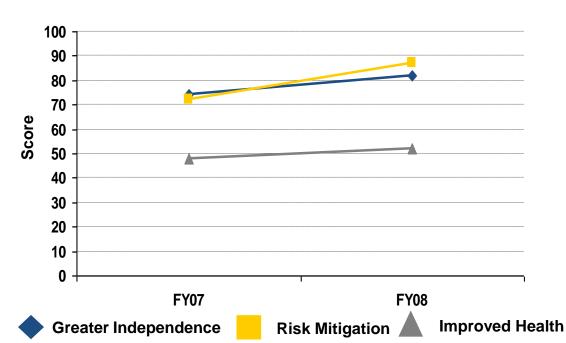
 Determining the beneficial impact of direct HHS services is central to facilitating a successful outcome for the client and is a management tool for ongoing improvement of service quality

#### Strategies to implement measure

- (1) Quantitative: Composite Measures
  - Establish multiple measures of beneficial impact annually for each HHS function, and "roll up" results into composite measures of RI, GI, IH by weighting each measure in accordance with its relative proportion of service recipients and budget.
- (2) Qualitative: Quality Service Review (QSR) Results
  - Compile and report reviewer ratings of a small sample of HHS cases through the QSR process as often as it occurs



## Headline Measure 9: Direct HHS Services Composite Measure Results



FY07 results are estimates based on assumption that ratio of funding/clients within programs was the same as for FY08, and may be biased by missing data

### What constitutes good performance for this measure?

 Percentage of cases demonstrating beneficial impact should increase over time

#### **Contributing Factors**

- Development and implementation of pilot-tested QSR protocol for qualitative assessment
- Development and implementation of an integrated case practice model

#### **Restricting Factors**

 Increasing intensity of needs by population adversely affected by economic downturn and limited public resources

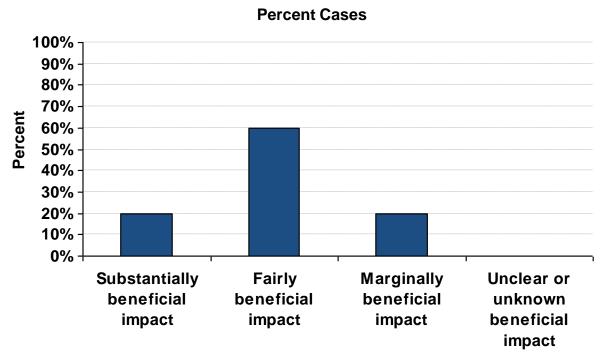
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 Challenges in initiation of integrated case practice model

The FY08 results are based on actual outcomes and budget figures for 18 highly visible HHS program elements for which there were valid and reliable data.



## Headline Measure 9: Direct HHS Services QSR Beneficial Impact Results



<sup>\*</sup>Ratings are derived from multiple interviews, based on the judgment of 2 reviewers after evaluating client states and system practice across 17 indicators

Substantially: Consistently good IH, RM, and/or GI, with indicators of stability evident without being less than fair at any moment or in any essential aspect

Fairly: At least minimally adequate IH, RM, and/or GI at all times, without being inadequate at any moment or in any essential aspect

**Marginally**: Somewhat limited or inconsistent IH, RM, and/or GI, being inadequate at some moments or in some essential aspect

Eight of the 10 cases reviewed in June 2008 demonstrated at least fairly beneficial impact.



CountyStat

#### **Headline Measure 10: Information and Referral Services**

Percentage of customers that contact HHS Information and Referral programs who report satisfaction with the information and referral assistance they were provided

#### **Objective**

 Surveying customers who access information and referral services will allow the department to evaluate its present effectiveness in providing quality customer service

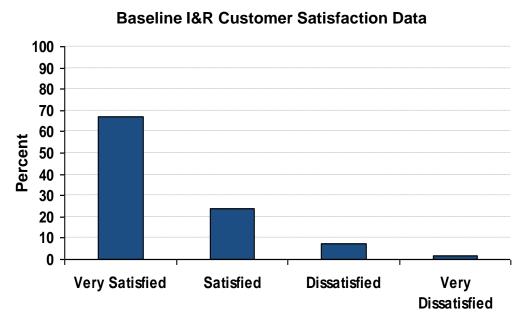
#### Strategy to implement measure

- Collect baseline data department-wide during FY08
- Establish proportional quotas for each of 8 l&R units in order for the final sample (350) to be representative of HHS l&R activity
- Survey clients using a validated instrument
- Collect data annually from each I&R service unit

HHS's goal is to maintain and improve the current quality of service and detect and avoid disparities between I&R services if they occur.



#### **Headline Measure 10: Information and Referral Services**



Proportional quotas were established for each of 8 I&R units in order for the final sample (350) to be representative of HHS I&R activity

### What constitutes good performance for this measure?

 Percentage of customers satisfied with information and referral services should increase over time

#### **Contributing Factors**

- Highly trained and knowledgeable staff leads to effective service
- Existence of central HHS Information Line

#### **Restricting Factors**

- Difficulty for some callers to articulate problems, issues, and needs
- Widespread lack of awareness of how to access County services

Many of those expressing "dissatisfaction" were responding to the inability to get services to which they were referred, according to written responses.





## Headline Measure 11: Limited English Proficiency Language Assistance (Under Construction)

Percentage of customers identified as needing language assistance that receive linguistically appropriate services

#### **Objective**

 By removing language as a barrier, clients will be better able to access county, state, and federally funded health and human services programs

#### Strategy to implement measure

- Collect language needs data when a client record is created at the initial point of contact
- Record whether language needs were met at every following point of contact
- Report results on an annual basis

Based on a small sample of respondents to the I&R Customer Satisfaction Survey, 97 percent of clients who self-identified as needing language assistance in FY08 received such assistance.





## Headline Measure 11: Limited English Proficiency Language Assistance (Under Construction)

Percentage of customers identified as needing language assistance that receive linguistically appropriate services

#### What constitutes good performance for this measure?

 Percentage of the customers identified as needing language assistance who received appropriate language services should increase over time

#### **Contributing Factors**

- Staff are required to participate in LEP training
- Use of language usage tracking system data by managers

#### **Restricting Factors**

- Staff language capability has not kept pace with rapid growth of LEP population in County
- Current IT data fields are not designed to collect information about the gaps in language assistance throughout the department



### **Headline Measure 12: Team-based Case Management**

Percentage of client cases needing assistance within three or more Service Areas for which effective teamwork is documented

#### "Teamwork" is defined as

- Having the right people (team formation)
- Having effective leadership, participation, and collaborative problem-solving (team functioning)

#### **Objective**

 Measuring effective teamwork through service integration will allow HHS to ensure that clients benefit from the full range of HHS services they need and for which they are eligible

#### **Strategy to implement measure**

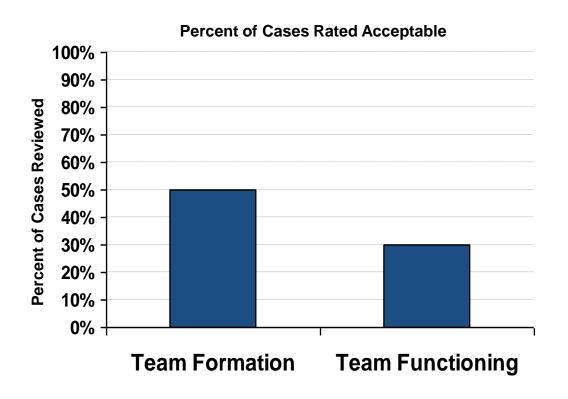
- Use Quality Service Review results to document teamwork outcomes
- Compile and report reviewer ratings of Teamwork Status Indicator on a sample of HHS customers receiving multiple services

Slightly less than half of all HHS customers captured in the Client Record System receive multiple services. Of customers who received multiple services, one-third receive 3 or more.





## Headline Measure 12: Team-based Case Management Snapshot of QSR Team-based Data



### What constitutes good performance for this measure?

 Percentage of the clients cases receiving effective teamwork should increase

#### **Contributing Factors**

- Development and Implementation of pilot-tested qualitative evaluation protocol
- Evolving development and implementation of a team based case practice model

#### **Restricting Factors**

- Need for standards and training for what constitutes effective teamwork
- Change to a culture of team based case practice takes time

Fifty percent of reviewed cases were acceptable in team formation while only 30 percent were acceptable in team functioning. "Acceptable" is defined as being rated by the review team as optimal, good, or fair.





### Headline Measure 13: Contracted Services Performance Measurement

Percentage of new RFPs that include performance measures related to beneficial impact and customer satisfaction.

#### **Objectives**

 Provide consistency in monitoring contract-specific performance through required beneficial impact (BI) measures and a standardized customer satisfaction (CS) measure

#### Strategy to implement measure

- Work with vendors to develop 75 contract-specific measures (Complete)
- Create a standardized CS measure (Complete)
- Program contract monitors select relevant measures from approved list and incorporate into FY09 RFPs and resultant FY10 contracts (Ongoing)
- Use RFP worksheet to track progress and report annually
- Starting in FY 09, new RFPs will contain, at a minimum, any relevant approved BI and CS measures

HHS estimates that two-thirds of current contracts have a BI measure, and one-half have a CS measure.





### Headline Measure 13: Contracted Services Performance Measurement

Percentage of new RFPs that include performance measures related to beneficial impact and customer satisfaction.

#### What constitutes good performance for this measure?

 Percentage of new RFPs that include relevant performance measures should increase until all Service Area RFPs include them

#### **Contributing Factors**

- Collaboration with vendors to identify 75 program-specific standardized performance measures for Beneficial Impact
- Creation of a standardized Customer Satisfaction measure

#### **Restricting Factors**

- Contract monitoring is not standardized or consistent
- Need for training and education on performance-based contracting



#### **Headline Measure 14: Contract Processing**

Percentage of HHS Request for Proposals (RFPs) that are sent to Procurement by established deadlines

#### **Objective**

 Ensure that HHS meets established Procurement deadlines to expedite the contracting process and improve the non-profit sector's delivery of quality services

#### **Strategy to implement measure**

- Collect data from the HHS Contract Management Team on the total number of RFPs worked on, and the number submitted to Procurement by its deadline
- Report results on an annual basis

In FY08, HHS sent 84% (31 of 37) of its RFPs to Procurement by its deadline. Twenty-one of the 31 RFPs sent to Procurement by its deadline resulted in 55 executed contracts, which HHS considers a marked process improvement over FY07.





#### **Headline Measure 14: Contract Processing**

Percentage of HHS Request for Proposals (RFPs) that are sent to Procurement by established deadlines

#### What constitutes good performance for this measure?

 Percentage of RFPs sent to Procurement by established deadlines should increase until all RFPs are sent on time

#### **Contributing Factors**

- Prioritization of RFP workload occurs in advance of deadlines
- Tracking system improvements facilitate exchange of information with Procurement

#### **Restricting Factors**

- Heavy workloads for Contract Management Team and Procurement
- Delays can occur in any of multiple steps managed by multiple programs



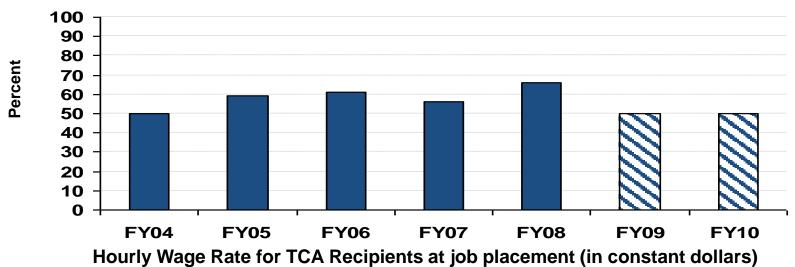
### Wrap-Up

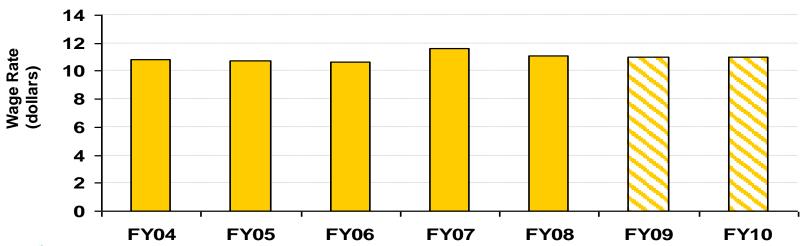
- Confirmation of follow-up items
- Time frame for next meeting

#### **Appendix**

#### **Headline Measure 7: Employment Services Supporting Sub-Measures**

Percentage of TCA recipients offered health insurance within 1 year of job placement







Source: Locally generated data

**CountyStat**